



APPOINTING A PRSA PROVIDER

**FIELDS MARKED
WITH MUST BE
COMPLETED**

Excluded employees are:

- All your employees if you do not offer a pension scheme; or
- If you offer a pension scheme, any employee who is not eligible to join that scheme and who would not become eligible, under the rules of the scheme, within six months of the date he or she started working for you.



1 As appears on the company letterhead or as received from the Company Registration Office.

2 As appears on P30.

This is a contract between you and us, Irish Life Assurance plc, under section 121 of the Pensions Act, 1990 as amended.

Under this contract, you appoint us to provide Personal Retirement Savings Accounts (PRSAs) for you under section 121 of the Pensions Act, 1990 as amended. We are an approved PRSA provider and our products have been approved by the Pensions Authority and Revenue Commissioners.

You must give us, or those acting for us, reasonable access to excluded employees (as defined opposite), at the work place, for the purpose of setting up standard PRSA contracts. You must also allow excluded employees reasonable paid leave (at a time which fits in with the demands at work) so they can make arrangements to set up a standard PRSA.

You must set up a payroll deduction facility to allow us to collect excluded employees' contributions. We will not use the direct debit instruction you gave us to make deductions from your bank account without first getting permission from you. The employee does not have to pay his or her contribution through the payroll deduction facility. Contributions can be paid from the employee's personal bank account or by any other method agreed with us.

Nothing in this contract prevents us (or anyone acting for us) from offering a PRSA other than a standard PRSA to excluded employees. You must provide the same payroll deduction facility for other PRSAs.

We are not responsible for meeting any obligations you have under the Act to set up and manage PRSAs, including PRSAs that are not standard PRSAs. You or we may end this contract by giving the other at least two months' notice in writing. We can also end this contract immediately if you do not keep to your obligations under relevant law or any agreement between you and us.

We have the right to alter this contract if this is necessary to keep to any new law.

Your address:

Name (IN BLOCK CAPITALS) of the person authorised to sign for you:

Job Title:

Please tick **ONE** of the boxes below. Are you:

a. A company? ☐ If you tick either a or b, please give us your Employer Tax

b. A sole trader with a registered trading name? ☐ Reference Number **1**

c. An ordinary sole trader? ☐ If you tick c, d or e, please give us your Tax Reference

d. Self-employed? ☐ Number **2**

e. A state organisation? ☐

Signature of person duly authorised to sign for and on behalf of the employer:

Date: / /

Signature for and on behalf of Irish Life Assurance plc:

David Harney, Director, Irish Life Assurance plc, Irish Life Centre, Lower Abbey Street, Dublin 1.

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SIGN

Facilitation of payment of contributions via payroll deduction

Under the Pensions Act, 1990 as amended, the employer must notify excluded employees of their rights to contribute by means of salary/wage deduction. To help with the smooth running of this process, this section should also be completed by the employer. The deduction facility will apply to Standard PRSAs and to PRSAs other than Standard PRSAs.

Person nominated to administer payroll deductions

Name:  Title: 

Phone: 

E-mail address: 

Address (if different from company): 



Preferred direct debit day

Please indicate the day of the month on which you would prefer to have contributions debited from your Company bank account:



NB: The chosen day should be BEFORE the 20th of the relevant month.
If no date is chosen, we will assume the 1st day of the month.



Irish Life



Your Irish Life Plan Details

Please complete **all** the fields in this Section

Plan Number(s)

If this mandate is to cover more than 3 plans, please attach separate instructions.

Name of Plan Owner(s)

Direct Debit collection date

of the month (1st to 28th only)

Payment frequency

Monthly ☐

Quarterly ☐

Half Yearly ☐

Yearly ☐

SEPA DIRECT DEBIT MANDATE

Please complete all the fields below marked * and return this mandate to Irish Life

Name and address of the payer:

* Name(s) of Account Holder(s)

Address of Account Holder(s)

BIC

* IBAN

Your BIC and IBAN can be found on a recent bank statement



Please sign and date

* Signature(s)

X

* Date of signing

dd

/

mm

/

yyyy

X

By signing this mandate form, you authorise (A) Irish Life to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instruction from Irish Life. As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited. Your rights are explained in a statement that you can obtain from your bank.

For Office Use only

UMR

Creditor Identifier

Type of payment

Recurrent ☒

Creditor's name and address

Irish Life Assurance plc is regulated by the Central Bank of Ireland.

Irish Life Assurance plc, Irish Life Centre, Lower Abbey Street, Dublin 1. T: 01 704 1010 • F: 01 704 1900



Irish Life